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Research Article

AN OBSERVATIONAL STUDY TO ESTABLISH A CORRELATION BETWEEN THE SIGNS AND SYMPTOMS OF *KURCHASHIR MARMA VIDDHA* OF UPPER LIMB AND DE QUERVAIN'S DISEASE

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ABSTRACT

Aim: This study aims to establish a correlation between the signs and symptoms of *Kurchashir Marma viddha* of upper limb and De Quervain's disease through a detailed observational study. **Materials and Methods:** An observational study was conducted involving 30 patients diagnosed with De Quervain's disease, confirmed using Finkelstein's test. Patients were assessed for various signs and symptoms associated with both *Kurchashir Marma viddha* of upper limb and De Quervain's disease. **Results:** The findings revealed that over 75% of patients with a positive Finkelstein's test exhibited symptoms such as *Aghataj Hetu* (excess work), duration, *Ruja* (pain), *Shoph* (swelling), *Sparshasahatva* (tenderness), and Visual Analog Scale (VAS) scores. Additionally, more than 50% of patients reported symptoms related to fine work. Demographic analysis indicated that the majority of patients were aged between 20-40 years, with a higher incidence in males (53.3%). The study also found that 96.7% of patients had a history of excess work, and 76.7% presented with swelling over the thumb. **Conclusion:** The anatomical structures involved in De Quervain's disease correlate with those of *Kurchashir Marma*. The symptomatology of *Kurchashir Marma viddha* of upper limb aligns closely with that of De Quervain's disease, suggesting that the signs and symptoms of both conditions are similar. This study highlights the potential for integrating traditional Ayurvedic concepts with contemporary medical diagnoses to enhance understanding and management of these conditions.

INTRODUCTION

De Quervain's disease, also known as de Quervain's tenosynovitis, is a painful condition affecting the tendons on the thumb side of the wrist. It is characterized by inflammation of the abductor pollicis longus (APL) and extensor pollicis brevis (EPB) tendons, leading to pain and swelling, particularly during thumb movement. This condition is commonly diagnosed using Finkelstein's test, which assesses pain during the ulnar deviation of the wrist while the thumb is flexed. The prevalence of De Quervain's disease is notably high among individuals engaged in repetitive wrist and hand activities, such as typing, cooking, and various sports (Kumar et al., 2018)[1].

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In traditional Ayurvedic medicine, *Kurchashir Marma viddha* of upper limb refers to the injury or impairment of specific vital points (*Marmas*) in the body, which can lead to pain and dysfunction in the affected area. The *Kurchashir Marma* of upper limb is located near the thumb and wrist region, and its injury is believed to result in symptoms that may overlap with those of De Quervain's disease. The signs and symptoms associated with *Kurchashir Marma viddha* of upper limb include pain, swelling, and tenderness, which are also characteristic of De Quervain's disease (Sharma et al., 2020)[2].

Despite the clinical similarities, there is limited research exploring the correlation between *Kurchashir Marma viddha* of upper limb and De Quervain's disease. This study aims to establish a correlation between the signs and symptoms of *Kurchashir Marma viddha* of upper limb and De Quervain's disease through a detailed observational study. By assessing 30 patients diagnosed with De Quervain's disease using Finkelstein's test, we seek to identify common

symptoms and their prevalence among the participants.

Understanding the relationship between these two conditions may provide insights into their underlying mechanisms and enhance diagnostic accuracy. This study will contribute to the existing body of knowledge by exploring the intersection of traditional Ayurvedic concepts and contemporary medical diagnoses, potentially leading to improved management strategies for patients suffering from these conditions.

MATERIALS AND METHODS

This observational study was conducted to establish the correlation between the signs and symptoms of *Kurchashir Marma viddha* of upper limb and De Quervain's disease. A total of 30 patients clinically diagnosed with De Quervain's disease were enrolled in the study. Diagnosis was confirmed using Finkelstein's test, which was positive in all participants.

Selection Criteria

Inclusion Criteria

1. Patients suffering from De Quervain's disease to full-filling Finkelstein's test.
2. Age group = 20 to 60 yrs.
3. Patients were selected irrespective of sex, marital status and socio-economic status.

Exclusion Criteria

1. Patients suffering from diseases like *Amavata, Vatarakta, Pakshaghat*, and carpel tunnel syndrome, arthrosis.
2. Patients suffering from congenital thumb disorder.

Assessment Procedure

Each patient was assessed for signs and symptoms relevant to both *Kurchashir Marma viddha* of upper limb and De Quervain's disease. The parameters recorded included:

- History of *Aghataj Hetu* (excessive repetitive work)
- Duration of symptoms
- Presence and severity of *Ruja* (pain) assessed using Visual Analog Scale (VAS).
- *Shoph* (swelling) over the thumb and wrist region.
- *Sparshasahatva* (tenderness) on palpation.
- Functional limitations related to fine work and daily activities.

Grading and scoring criteria

This quantitative data facilitated statistical analysis to identify correlations.

Age

Age	Grade
20yrs – 30yrs	1
30yrs – 40yrs	2
40yrs – 50yrs	3
50yrs – 60yrs	4

Sex

Sex	Grade
Male	1
Female	2

Occupation

Occupation	Grade
Student	1
Labour work	2
House wife	3
Sedentary work	4
Standing work	5
Mobile work	6

Fine work (writing, typing, sewing, knitting etc.)

Fine work	Grade
No	0
Yes	1

***Aghataj Hetu*/Excess work at thumb region**

Aghataj Hetu	Grade
No	0
Yes	1

Duration (chief complaints)

Duration	Grade
<1 month	1
1 month - 3 month	2
3 month - 6 month	3
6 month - 12 month	4
>12 month	5

***Ruja*/Pain at thumb region**

Ruja	Grade
No *Ruja*	0
During movement of thumb mild *Ruja*	1
During movement of thumb moderate *Ruja*	2
During movement of thumb severe *Ruja*	3

***Shoph*/Swelling at thumb region**

Shoph	Grade
No *Shoph*	0
Shoph over the thumb	1
Shoph extend upto 1st metacarpal	2
Shoph extended upto wrist joint	3

***Sparshasahatva*/Tenderness at thumb region**

Sparshasahatva	Grade
No *Sparshasahatva*	0
Mild *Sparshasahatva*	1
Moderate *Sparshasahatva*	2
Severe *Sparshasahatva*	3

Visual analog scale

VAS	Grade
No pain	0
Mild pain	1
Moderate pain	2
Severe pain	3

Finkelstein's test

Finkelstein's test	Grade
Negative	0
Positive	1

Data Analysis

The observational data collected were categorized into demographic and analytical data for detailed evaluation. Statistical tests were applied to determine the significance and strength of correlation between the signs and symptoms of *Kurchashir Marma viddha* of upper limb and De Quervain's disease.

RESULTS AND DISCUSSION

Results

A total of 30 patients diagnosed with De Quervain's disease were included in the study. The demographic characteristics and clinical findings are summarized below:

Demographic Data

Age Distribution

20-30 years: 36.7%

30-40 years: 30%

40-50 years: 26.7%

50-60 years: 6.7%

The majority of patients were in the age groups of 20-30 years and 30-40 years, indicating a higher prevalence of *Kurchashir Marma viddha* of upper limb and De Quervain's disease among younger individuals engaged in repetitive activities.

Sex Distribution

Male: 53.3%

Female: 46.7%

The higher incidence in males may be attributed to more involvement in activities that lead to trauma to the *Kurchashir Marma.*

Occupation

Students: 26.7%

Housewives: 23.3%

Labor workers (Farmers): 16.7%

Mobile/ambulatory workers: 13.3%

Sedentary workers (clerks, businessmen): 10%

Standing workers (teachers, contractors, engineers): 10%

Clinical Findings

Finkelstein's Test: Positive in all patients.

Symptoms

- *Aghataj Hetu*/Excess Work: 96.7% of patients reported a history of excessive work.
- Duration of Symptoms:
  <1 month: 53.3%
  1-3 months: 20%
  3-6 months: 20%
  6-12 months: 3.3%
  >12 months: 3.3%
- **Pain *(Ruja)***
  Severe pain: 6.7%
  Moderate pain: 70%
  Mild pain: 23.3%
- **Swelling *(Shoph)***
  76.7% of patients exhibited swelling over the thumb, with 23.3% extending to the first metacarpal.
- **Tenderness *(Sparshasahatva)***
  No tenderness: 10%
  Severe tenderness: 3.3%
  Moderate tenderness: 16.7%
  Mild tenderness: 70%

DISCUSSION

The findings of this study highlight a significant correlation between the signs and symptoms of *Kurchashir Marma viddha* of upper limb and De Quervain's disease. The demographic analysis revealed that the majority of patients were young adults, particularly in the age groups of 20-30 years and 30-40 years. This aligns with the understanding that individuals in these age groups are often engaged in repetitive activities, such as typing, writing, and other manual tasks, which can lead to overuse injuries.

The predominance of male patients in this study may be attributed to occupational factors, as males are often involved in more physically demanding jobs or activities that increase the risk of trauma to the wrist. The high incidence of *Aghataj Hetu* (excess work) among patients further supports the notion that repetitive strain is a significant contributing factor to the development of both conditions.

The results indicate that a majority of patients experienced moderate to severe pain, with swelling and tenderness being common clinical findings. The positive Finkelstein's test in all patients confirms the diagnosis of De Quervain's disease and underscores the reliability of this clinical assessment tool.

The correlation between the anatomical structures involved in De Quervain's disease and the *Kurchashir Marma* suggests that the symptoms of *Kurchashir Marma viddha* of upper limb can be effectively interpreted through the lens of modern medical understanding. The overlapping symptomatology indicates that both conditions may share similar pathophysiological mechanisms, particularly in relation to tendon inflammation and mechanical stress.

In conclusion, this study provides valuable insights into the relationship between *Kurchashir Marma viddha* of upper limb and De Quervain's disease, suggesting that traditional Ayurvedic concepts can complement contemporary medical diagnoses. Further research is warranted to explore the underlying mechanisms and to develop integrated management strategies for patients suffering from these conditions.

CONCLUSION

This observational study successfully established a significant correlation between the signs and symptoms of *Kurchashir Marma viddha* of upper limb and De Quervain's disease. The findings indicate that both conditions share common clinical manifestations, including pain, swelling, and tenderness, particularly in individuals engaged in repetitive activities. The demographic analysis revealed a higher prevalence of these conditions among younger adults, with a notable incidence in males, likely due to occupational factors.

The positive Finkelstein's test in all patients reinforces the reliability of this diagnostic tool in identifying De Quervain's disease. Furthermore, the high percentage of patients reporting *Aghataj Hetu* (excess work) highlights the role of repetitive strain as a significant contributing factor to both conditions.

In conclusion, the anatomical and symptomatological similarities between *Kurchashir Marma viddha* of upper limb and De Quervain's disease suggest that traditional Ayurvedic concepts can provide valuable insights into contemporary medical diagnoses. This study emphasizes the importance of integrating traditional knowledge with modern medical practices to enhance understanding and management of musculoskeletal disorders. Future research should focus on exploring the underlying mechanisms and developing comprehensive treatment strategies that address both the physical and functional aspects of these conditions.

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